

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

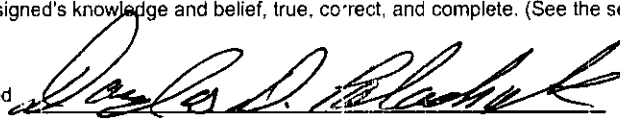
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 4543	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Douglas D Palachuk P.O. Box, Bldg., Room No., if any Street 507 South 3rd Street City Yakima State Washington ZIP Code + 4 98901-3219	4. Name, file number, and address of labor organization. Name Pacific N.W. Regional Council of Carpenters Labor Organization File Number 540-172 P.O. Box, Building and Room Number, if any Suite 200 Street 2512C Pacific Highway South City Kent State Washington ZIP Code + 4 98032
5. Position in labor organization. Business Rep./Labor Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed 	On 03-28-2006 509-452-1994 Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with

☐

a. Labor Organization

☒

b. Trust

☐

c. Employee:

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Carpenters Trust of Western Washington

Trade Name, if any:

P.O. Box, Bldg., Room No., if any PO Box 1929

Street

City Seattle

State Washington

ZIP Code + 4 98111-1929

11.a. Nature of such dealing.

Milage, Meals, Motel Parking & Airfare to attend Trust Meetings. Registration Fee, Motel, Meals, Parking & Airfare to attend International Foundation Conferences.

11.b. Approximate dollar value of such dealing.

\$5,978

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment